

Some Remarks on Cases Involving Operative Loss of Continuity of the Common Bile-duct.—MAYO (*Annals of Surgery*, July, 1905, p. 90) reports that of 1100 operations on the gall-bladder and bile passages in the hands of C. H. Mayo and himself, 159 were upon the common bile-duct, and of these 7 involved complete loss of the continuity of the common bile-duct as a direct result of the operation; 5 were intentionally produced in the attempt to remove a malignant neoplasm, 1 was caused accidentally, and 1 followed an extensive operation for gallstone disease.

His experience teaches that: first, the common duct may be united end to end by through-and-through sutures of catgut. It is essential that a few supporting sutures should be placed in the surrounding tissues, and that a portion of the circumference of the line of sutures be left open for relief of tension and drainage. Second, the common duct, and in certain cases the hepatic duct, may be implanted into the duodenum, provided a peritoneal-covered portion of the intestine be chosen for the purpose. Third, to facilitate these operations, the second portion of the duodenum should be loosened and drawn to the right and held by fixation sutures, preventing tension on the duct suture line. Fourth, drainage, if necessary, should be pliable, covered with rubber tissue and placed as distant to the suture line as will serve the purpose of protection against leakage. It is a mistake to insert gauze drainage to the suture line. The plastic lymph which should protect the suture line becomes entangled in the meshes of the gauze, and so disturbs the union as to permit, as occurred in one of Mayo's cases, a biliary fistula.

He reports a case in which, by a second operation, the hepatic duct was implanted into the duodenum about three inches from the pylorus, on account of a stricture of the common bile-duct, a result of the first operation, in which the gall-bladder had been removed. A cholecystenterostomy would have been far easier as a second operation, provided, of course, that drainage would have restored its function to a sufficient extent. Since that time Mayo has been more conservative about the removal of the gall-bladder in connection with common bile-duct surgery.

Castration for Sexual Inversion.—FERE (*Revue de chirurgie*, March, 1905, p. 293) says that castration in sexual inversion has been proposed to relieve social inconveniences, to prevent hereditary transmission, and as a cure for the inversion. The descendants of these people are certainly sometimes tainted by degeneracy, but they have in some cases given birth to perfectly normal children. Fere believes that such a radical measure is not necessary, that the tendency of inverts is not strong toward marriage, and can be still further weakened by encouraging them to lead a chaste life. Some of them are capable of conforming to the general laws of conduct. The difficulty in legalizing castration is increased if we cannot show that the operation improves the instincts of the invert, but must confess that it may make his mental condition worse. They often suffer from a consciousness of their anomaly, even to the extent of meditating suicide.

We do not know the lesion which causes the inversion. The testicle has been accused and ablation has been proposed. Fere, in one case, thought that the cause might be due to some lesion in the brain. Castration had been suggested to the patient, who showed a strong inclination to follow this advice, and consulted a neurologist, who advised against it. In a second case castration had been performed. The

testicles were replaced by two foreign bodies of about the same size and consistency as the organs. The patient believed that his aspect and expression had been changed from the sexual point of view. When the wound was healed and the dressings removed he was permitted to feel the prosthetic apparatus. He was shocked, although he had anticipated the absence of the normal sensibility of the organ. Frequent palpation led to irritation, so that it became necessary to remove the foreign bodies. He was distressed at the emptiness of the scrotum, the loss of voice, which he thought indispensable to his virility and intelligence, and the thought that everybody noticed him. He continued to be subjected to the same temptations as before the operation, and he was less capable of resisting them. The inclination to suicide which had worried him before the operation now left him, but he became addicted to the use of opium.

Fere believes that while such a case does not make an absolute rule, it deserves consideration, and should be placed with the evidence to show the history of the physical condition after castration.

Spinal Anæsthesia by Stovaine in Diseases of the Urinary Tract.—HERESCO and STROMINGER (*Annales des maladies organes genitourinaires*, April 15, 1905, p. 629) made injections in 11 cases. In 10 they obtained sufficient analgesia to perform the operation. In 1, because of faulty technique, analgesia was not obtained. Their failure to make a greater number of trials is due to the fact that their results did not agree with those of other more enthusiastic observers. They had some accidents, which, although not serious enough to place the patients' lives in danger, sufficiently supported their apprehensions concerning this method.

Résumé of disturbances caused by the injections: In 2 cases the temperature was 38.3° and 38.7°. In 4 cases the temperature was 39.2°, 39.3°, 39.6°, 39.8°. In 6 cases there was slight headache; in 3 nausea; in 2 relaxation of the anal sphincter; in 1 myosis; in 3 weakness of the lower extremities; in only 1 persistent pains with contracture of the upper extremity; in 1 respiration was difficult, painful, and frequent; and in 1 there was insomnia.

Concerning the Treatment of Prostatics with Incomplete Chronic Aseptic Retention and Dilatation of the Urinary Bladder.—NICOLICH (*Annales des maladies des organes genitourinaires*, May 1, 1905, p. 667) compares the unfavorable results he obtained in 10 cases of prostatic hypertrophy with retention, treated by antiseptic and successive evacuation of small quantities of urine (9 died), with his results from transvesical prostatectomy (4 cures in 4 cases).

From these results he considered that the latter method of treatment should be adopted. All 4 patients operated on had been made bedridden, probably from the use of the catheter, and had suffered severely, losing much strength. In all there was enormous retention with incontinence. One was in a very bad general condition, and another suffered from heart disease. All 4 recovered without the complications, so frequently associated with catheterization, and after from seventeen to thirty days urination was spontaneous. Such results in those cases formerly considered as *noli me tangere* cases, in the writer's opinion, makes this the treatment of first choice.